

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

29/806531

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		1		1		1	54						
5		4		4		1	55						
6		4		4		1	56						
7		0		0		1	57						
8		0		0		1	58						
9		0		0		1	59						
10		0		0		1	60						
11		0		0		1	61						
12		0		0		1	62						
13		0		0		1	63						
14		0		0		1	64						
15		0		0		1	65						
16		0		0		1	66						
17		0		0		1	67						
18		0		0		1	68						
19	1		1		1		69						
20		1		1		1	70						
21		2		1		1	71						
22		2		1		1	72						
23		2		1		1	73						
24	1			1		1	74						
25		1		0		1	75						
26		0		0		1	76						
27		0		0		1	77						
28		0		0		1	78						
29		0		0		1	79						
30		0		0		1	80						
31		0		0		1	81						
32		0		0		1	82						
33		0		0		1	83						
34		0		0		1	84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		3		TOTAL IND.						
TOTAL DEP.		1		1	27	1	TOTAL DEP.		1		1		1
TOTAL AIMS					30		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS